



Metropolitan Nashville Police Department

Central Records Division

811 Anderson Lane, Suite 100,

Madison, TN 37115

615-862-7631

**MNPD Open Records Request Form**

This form is to be completed for copies of records or files and inspection of
Law Enforcement Personnel Records offered by the Metropolitan Nashville Police Department

Date: _____

This form complies with TENNESSEE CODE ANNOTATED - TITLE 10. CHAPTER 7. PART 5.

Section A**Requestor Information:** (Business/Citizen Information)

Business Name: _____

Business Address: _____ City _____ State _____ Zip _____

Business Telephone Number: _____

Print Full Name: _____

Personal Home Address: _____ City _____ State _____ Zip _____

Personal Telephone Number: _____

Email Address: _____

Signature of Requestor: _____

Send Results By: Postal Mail In Person Email

Photo copy of photo ID with address must be attached to this request.

Note: Pursuant to T.C.A. § 10-7-503(a)(2)(B), "In the event it is not practicable for the record to be promptly available for inspection, the custodian shall, within seven (7) business days: (i) Make the information available to the requestor; (ii) Deny the request in writing or by completing a records request response form developed by the office of open records counsel. The response shall include the basis for the denial; or (iii) Furnish the requestor a completed records request response form developed by the office of open records counsel stating the time reasonably necessary to produce the record or information."

Type of Service Requested:

Dashcam - Date/Time: _____ / _____

Section B

Officer/Car# _____

Body Worn Camera - Date/Time: _____ / _____

Officer _____

Mug Shot•

Adoption Letter _____

Fingerprints•

Photos _____

OPA File: _____

IA/OPA Number if Known

Other (Please Explain in detail):

*Fingerprints and Mug Shots requests are completed by our Forensic Services Division located at 400 Myatt Drive, Madison, TN 37115

Section C**Subject of Request (If request is for Inspection of MNPD Personnel Files skip to Section E)**

Name (Last) (First) (Middle)

A.K.A. Names (Maiden, Other, etc.)

1 (Last) (First)

2 (Last) (First)

Date of Birth Race Sex

Social Security Number Driver License Number

Street Address: City State Zip

(NOTE: The accuracy of the information you provide is critical as all searches are conducted based on the information provided.)

Section D**Reason for Request:**

Section E**For MNPD Personnel Record Requests:****Tenn. Code Ann. § 10-7-503**

(c)(1) Except as provided in § 10-7-504(g), all law enforcement **personnel** records shall be open for inspection as provided in subsection (a); however, whenever the personnel records of a law enforcement officer are inspected as provided in subsection (a), the custodian shall make a record of such inspection and provide notice, within three (3) days from the date of the inspection, to the officer whose personnel records have been inspected:

- (A) That such inspection has taken place;
- (B) The name, address and telephone number of the person making such inspection;**
- (C) For whom the inspection was made; and
- (D) The date of such inspection

I request to view the following employee personnel file:

Employee Name (Print)

Assignment (If Known)

Reason for viewing file: If related to criminal or civil litigation, please give case name or other identifying information, i.e., docket #, etc.

Department Use Only:

Date Employee Notified:

Date Inspected:

Method of Notification:

Assignment Verified:

Undercover Comments:

Section F**Department Use Only:**

Request Received By (Print)

Name	ENO	Date/Time
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Request Processed By (Print)

Name	ENO	Date/Time
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Fees Calculated By (Print)

Name	ENO	Date/Time
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Total Fees: \$ _____

No. of Fingerprint Cards: _____

Results: Mail:

Faxed:

Emailed:

Date

Date

Date

Placed at counter for pick-up

Picked up

Date

Date